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								CONFIRMATION NO. 1225			
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** CONTINUING This appli whi whi ** FOREIGN AI ** IF REQUIRE	G DATA cation i ch is a ch clair PPLICA D, FOR	RULE Sherman Oaks, C.A. s a DIV of 09/501, CIP of 09/148,591 ns benefit of 60/05 TTIONS ************************************	****** 149 02/09/: 09/04/199 :8,052 09/0	8 ABN 96/1997 *			<u> </u>				
11/04/2003 Foreign Pfority claimed			STATE OR COUNTRY CA	SHEETS DRAWINGS 15	TOTAL CLAIMS 6		INDEPENDENT CLAIMS 1				
101 HOW SUITE 35	ARD S 0 NCISC	O, CA 94105									
TITLE Method fo	or classi	fying and treating	physiologic	brain imbalance	s using quanti	tative E0	iG				
FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT No for following:					□ 1.16 □ 1.17 □ 1.18 □ Othe	□ All Fees □ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other □ Credit					